



# State of New Hampshire

## 2015 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2015

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/04/2015

Business ID: 168947

William M. Gardner

Secretary of State

TOCCI BUILDING CORPORATION

660 MAIN STREET  
WOBURN, MA 01801

### ADDRESS OF PRINCIPAL OFFICE:

660 MAIN STREET  
WOBURN, MA 01801

### REGISTERED AGENT AND OFFICE:

INCORP SERVICES, INC.  
152 S MAST STREET  
GOFFSTOWN, NH 03045

ENTITY TYPE: CORPORATION

BUSINESS ID: 168947

STATE OF DOMICILE: MASSACHUSETTS

CONSTRUCTION MANAGERS.

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

### OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. John L Tocci  
STREET 660 Main Street  
CITY/STATE/ZIP Woburn Ma 01801

SEC'Y. Robert Larosa  
STREET 660 Main Street  
CITY/STATE/ZIP Woburn Ma 01801

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

### BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Robert Larosa  
STREET 660 Main Street  
CITY/STATE/ZIP Woburn Ma 01801

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Robert Larosa

Please print name and title of signer:

Robert Larosa

/

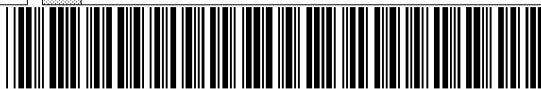
DIRECTOR

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



016894720151004

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301